



REINSTATEMENT APPLICATION FOR

MASSACHUSETTS PARAMEDIC CERTIFICATION
(without previous NREMT certification)

REINSTATEMENT APPLICATION FOR
MASSACHUSETTS PARAMEDIC CERTIFICATION**OVERVIEW**

This application is for candidates who held Massachusetts Paramedic certification (without National Registry certification) that has expired within the last 2 years and are applying to reinstate their certification.

[Note: Paramedics who were certified by the National Registry of EMTs (NREMT) in addition to Massachusetts, and whose NREMT certification expired within the last 2 years, must reinstate their NREMT certification and then apply for initial Massachusetts certification. Information on reinstating a NREMT certification can be found on the NREMT website, at nremt.org]

MDPH/OEMS will review and verify your eligibility for certification. Only those candidates who meet **ALL** eligibility requirements will be granted authorization to take the written and practical examinations administered by the NREMT. Applications will be returned to those candidates who are not eligible for certification. Please fill out both sides of the form completely and legibly. Sign and date the application form as testimony that all of the information presented is accurate to the best of your knowledge.

APPLICATION CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> APPLICATION | Completed application for Massachusetts Paramedic Reinstatement. |
| <input type="checkbox"/> NON-REFUNDABLE FEE | Required Massachusetts certification fee, in the form of a check or money order for \$150, payable to the Commonwealth of Massachusetts. |
| <input type="checkbox"/> NCCR COURSE | Successfully complete a 30 hour National Registry of EMTs' National Continued Competency Requirements (NCCR) course(s) at the Paramedic level no more than one year prior to the submission of the application for reinstatement. Documentation must be in the form of a certificate or letter of successful course completion, signed by the course director that indicates the sponsoring institution, start and end dates, and the OEMS approval number of the course. |
| <input type="checkbox"/> CPR CARD | A copy of <u>both sides</u> of your current Basic Cardiac Life Support (BCLS) course or equivalent, provided by a nationally recognized organization and reflecting current cardiopulmonary resuscitation (CPR) and emergency cardiac care resuscitation science and treatment recommendations issued by the International Liaison Committee on Resuscitation (ILCOR)'s International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations (CoSTR). |
| <input type="checkbox"/> ACLS CARD | A copy of <u>both sides</u> of your current Advanced Cardiac Life Support (ACLS) course or equivalent, provided by a nationally recognized organization and reflecting current cardiopulmonary resuscitation (CPR) and emergency cardiac care resuscitation science and treatment recommendations issued by the International Liaison Committee on Resuscitation (ILCOR)'s International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations (CoSTR). |
| <input type="checkbox"/> CORI PACKET | <u>Only if you answer "YES" to QUESTION 4 (criminal history).</u> Form available at www.mass.gov/dph/oems . |

Please check your application for completeness and legibility. If your application is incomplete or illegible, it will be returned to you and your certification will be delayed. Make sure you have provided all supporting documents, as applicable, based on your answers to the questions on the back of the application.

APPLICABLE STATE REGULATIONS

Applicants for EMT certification should be aware of Massachusetts laws and regulations which govern the conduct of EMTs, including, but not limited to, M.G.L. c. 111C and 105 CMR 170.000. These laws and regulations are available on line, at www.mass.gov/dph/oems, at the State House Book Store and may be available at your local library for your review.

EMT-P**MASSACHUSETTS**
OFFICE OF EMERGENCY MEDICAL SERVICES
DEPARTMENT OF PUBLIC HEALTH**DPH/OEMS FORM**
#300-20
12/2015**REINSTATEMENT APPLICATION FOR
MASSACHUSETTS PARAMEDIC CERTIFICATION**

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NON-REFUNDABLE FEE: \$150.00 non-refundable check or money order made out to the COMMONWEALTH OF MASSACHUSETTS

SUBMIT TO: **MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**
OFFICE OF EMERGENCY MEDICAL SERVICES
ATTN: CERTIFICATION
99 CHAUNCY STREET, 11TH FLOOR
BOSTON, MA 02111

PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK

NAME:

FIRST	MIDDLE	LAST

MAILING ADDRESS:

STREET	CITY	STATE	ZIP CODE

SOCIAL SECURITY NUMBER:(SSN required per M.G.L. Chapter 30A Sec. 13A)**DATE OF BIRTH** (mm/dd/yyyy):**TELEPHONE NUMBER:****EMAIL ADDRESS:**

MASSACHUSETTS EMT NUMBER

NCCR COURSE APPROVAL #:

OPTIONAL INFORMATION

The following information is requested for statistical purposes. Please check the appropriate boxes:

RACE:	<input type="checkbox"/> White Non-Hispanic	<input type="checkbox"/> Black Non-Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian or Pacific Islander
	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other:		
EDUCATION:	<input type="checkbox"/> Some High School	<input type="checkbox"/> HS Grad or GED	<input type="checkbox"/> Some College	
	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Graduate Degree		
SEX:	<input type="checkbox"/> Male	<input type="checkbox"/> Female		

(CONTINUED ON REVERSE)

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Your failure to answer any of the above referenced questions will result in the return of your application without action. Your failure to disclose relevant information may result in the denial or revocation of your certification.

IF YOU ANSWER **YES** TO ANY OF THE QUESTIONS BELOW, **ATTACH A WRITTEN EXPLANATION** WITH SUPPORTING DOCUMENTATION

EMT BACKGROUND

1. Were you ever certified or licensed as an EMT (at any level) outside of Massachusetts, in another state or jurisdiction? ☐ YES ☐ NO
2. Were you ever certified or licensed as another type of health care provider in Massachusetts or any other state or jurisdiction? ☐ YES ☐ NO
3. Was your certification, license, or ability to work as an EMT (at any level) or another type of health care provider ever restricted, suspended, revoked, or voluntarily surrendered in Massachusetts or in any other state or jurisdiction (including, but not limited to, by the state, your employer, supervising physician or hospital)? ☐ YES ☐ NO

CRIMINAL HISTORY

4. Have you ever: a) been convicted of; b) entered a plea of guilty, nolo contendere, or no contest to; or, c) admitted to sufficient facts, in connection with a felony or misdemeanor in any jurisdiction, other than a minor traffic violation, even if the matter was continued without a finding or the court withheld adjudication so that you would not have a record or conviction? For purposes of this question, driving under the influence or driving while impaired is not a minor traffic violation. ☐ YES ☐ NO

With regard to charges of criminal offenses, convictions, and disciplinary proceedings provide documentation, including, but not limited to, that which fully describes the offense, copies of relevant court documents or administrative proceedings, dispositions and current status.

If you answered "yes" to question #4, you must submit a CORI Acknowledgement form (available on the OEMS website, at www.mass.gov/dph/oems), WITH a copy of your current driver's license or government-issued photo identification, and supporting documentation.

CERTIFICATIONS AND AUTHORIZATIONS

1. I certify that I will fulfill my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119, § 51A and to report abuse of elderly persons pursuant to c. 19A, § 15.
2. I certify that I have complied with the laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.
3. I agree to abide by all rules and regulations of the Commonwealth of Massachusetts.
4. I agree to keep DPH/OEMS informed in writing of any name or address changes over the course of my certification period. I understand that the name and address on this application shall be deemed the appropriate name and address to which all notices from the Department of Public Health will be sent, unless I notify DPH/OEMS in writing of any changes.
5. I authorize DPH/OEMS and its staff to contact the Criminal History Systems Board for access to conviction and pending criminal case data, as well as to contact other agencies as may be necessary to verify information related to this application. As an applicant for certification or recertification or as an EMT, I understand that a criminal history check may be conducted and that it will not automatically disqualify me.
6. I hereby certify that I meet all the criteria for certification as required by 105 CMR 170.000 et seq. Further, I certify under the penalty of perjury that the information contained in this application is correct and I acknowledge that any false, inaccurate, or omitted statement or document is grounds for denial, revocation or suspension of the certification which I am seeking to regain.

SIGNATURE OF APPLICANT:

DATE: